

U 013260-3



**PATENT** 

### IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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Saki Itzhak HAKIM, et al.

Serial No .:

09/782,626

Group No.:

2623

Filed:

February 13, 2001

Examiner:

Virginia M. Kibler

For:

MULTIPLE OPTICAL INPUT INSPECTION SYSTEM

RECEIVED

**Commissioner for Patents** 

P. O. Box 1450

Alexandria, VA 22313-1450

APR 0 6 2004

**Technology Center 2600** 

## AMENDMENT TRANSMITTAL

WARNING:

Failure to file a complete response in compliance with § 1.135(c) leads to a reduction in patent term adjustment - See § 1.704(c)(7).

1. Transmitted herewith is an amendment for this application.

#### **STATUS**

<b>Z.</b>	Applic	cant is	04/02/2004 NROCHAS			
		a small entity. A statement:				
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	⊠	other than a small entity.			110.08	UF
		CERTIFICATION UNDER				•
		(When using Express Mail, the Expre Express Mail certific				
I hereby	certify th	at, on the date shown below, this corresponde	nce is being:			
		MAIL	ING			
Ø	•	ted with the United States Postal Service in Box 1450, Alexandria, VA 22313-1450.	an envelope	addressed to the Co	mmissioner for Patents,	
		37 C.F.R. 1.8(a)		37 C.F.	R. 1.10*	
×	with suf	fficient postage as first class mail.			ost Office to Address"	
		TRANSM	ISSION	Mailing Label No.	(mandat	ory
	transmit	tted by facsimile to the Patent and Trademark	Office.	M		
Date:	March	31, 2004	Signati	ure		

Only the date of filing (§ 1.6) will be the date used in a patent term adjustment calculation, although the date on any certificate of mailing or transmission under § 1.8 continues to be taken into account in determining timeliness. See § 1.703(f). Consider "Express Mail Post Office to Addressee" (§ 1.10) or facsimile transmission (§ 1.6(d)) for the reply to be accorded the earliest possible filing date for patent term adjustment calculations.

(type or print name of person certifying)

# FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

		(Col. 1)	(Col. 2)	(Col. 3)		SMALL ENTITY		OTHER THAN A SMALL ENTITY		
	R	Claims emaining After nendment	Highest No. Previously Paid For	Present Extra	Rate		Addit. Fee	OR	Rate	Addit. Fee
Total	*	Minus	**	=	x \$	9=	\$		x \$ 18=	\$
Indep	. *	Minus	***	=	x \$	43=	\$		x \$ 86=	\$
□First Presentation of Multiple Dependent Claims +\$145= \$ +\$290= \$						\$				
Total Total  Addit. Fee \$ OR Addit. Fee \$					\$					
<ul> <li>* If the entry in Col. 1 is less than the entry in Col. 2, write "O" in Col. 3,</li> <li>** If the "Highest No. Previously Paid For" IN THIS SPACE is less than 20, enter "20".</li> <li>*** If the "Highest No. Previously Paid For" IN THIS SPACE is less than 3, enter "3".</li> <li>The "Highest No. Previously Paid For" (Total or Indep.) is the highest number found in the appropriate box in Col. 1 of a prior amendment or the number of claims originally filed.</li> </ul>										
WARNING: "After final rejection or action (§ 1.113) amendments may be made canceling claims or complying with any requirement of form which has been made." 37 C.F.R. 1.116(a) (emphasis added).					g with any					
(complete (c) or (d), as applicable)										
	(c) No additional fee for claims is required.									
OR										
	(d)									
FEE PAYMENT										
5.	$\boxtimes$ Attached is a check in the sum of \$\frac{110.00}{}.									
	Charge Account No. 12-0425 the sum of \$  A duplicate of this transmittal is attached.									

### **FEE DEFICIENCY**

- If there is a fee deficiency and there is no authorization to charge an account, additional fees are necessary to cover the additional time consumed in making up the original deficiency. If the maximum, six-month period has expired before the deficiency is noted and corrected, the application is held abandoned. In those instances where authorization to charge is included, processing delays are encountered in returning the papers to the PTO Finance Branch in order to apply these charges prior to action on the cases. Authorization to charge the deposit account for any fee deficiency should be checked. See the Notice of April 7, 1986, (1065 O.G. 31-33).
- 6.  $\boxtimes$ If any additional extension and/or fee is required, charge Account No. 12-0425.

### AND/OR

 $\boxtimes$ If any additional fee for claims is required, charge Account No. 12-0425 SIGNATURE OF PRACTITIONER Reg. No. 20,302 JULIAN H. COHEN (type or print name of practitioner) Tel. No. 212-708-1887 P.O. Address Customer No. c/o Ladas & Parry 26 West 61 Street

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